

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	9/27
FORMALITY REVIEW	K.S.	116	10/9/02
RESPONSE FORMALITY REVIEW	HC M.D.	712 675	03-26-02 09-17-02

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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1/24/04
TAP (und)
5/28/02
TAP (und)
09/17/02